

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50318
 Fax: (515)281-4073
 www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant Information
 received by a department or
 accepted by the Governor on behalf
 of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code Section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

DHS-Glenwood Resource Center	
Name of Department or Office	Glenwood, IA 51534
711 S. Vine Street	City, State, Zip Code
Mailing Address	
712-523-4811	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary	
Name	
District: 8	Charter Oak, IA 51439
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/18/09	\$ 166.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest or grant and purpose thereof:

Distribute to clients: scrapbooks, crayons, glue; assorted clothing, combs; used card fronts

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, _____, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Luth. Messinger
 Signature

2-24-09
 Date

Revised 06/08

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2009 FEB 26

AM 11:24
Reset Form**FORM-GB**

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Mt. Pleasant Mental Health**Name of Department or Office
1200 E. Washington St.

Mt. Pleasant, IA 52641

Mailing Address
319-385-9511

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**John Mathes, Superintendent**Name
Same

Same

Mailing Address (if different from above)

City, State, Zip (if different from above)

John.Mathes@iowa.gov

Same

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

February 2009**\$32.00**

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Items for patients use.

Criteria to use this form:

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Statement of Affirmation:

I, _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date